

Revision: HCFA-PM-01-4 (BPD)
January 1995

OMB NO. 0938

State/Territory: OKLAHOMA

Citation 7.4 State Governor's Review

42 CFR 430.12(b) The Medicaid Agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports there-on, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

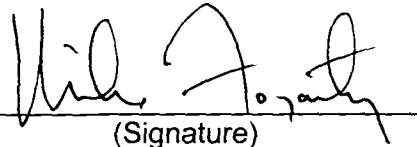
- ☐ Not applicable. The Governor...
- ☐ Does not wish to review any plan material
- ☐ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of:

The Oklahoma Health Care Authority
(Designated Single State Agency)

Date: 09/02/99

STATE	<u>oklahoma</u>
DATE FILED	<u>1-28-00</u>
DATE ADJ	<u>2-2-00</u>
DATE DEF	<u>9-2-99</u>
HCFA 179	<u>99-21</u>


(Signature)

CEO, Oklahoma Health Care Authority
(Title)

Revised 09-02-99

TN # 99-21 Approval Date 2/7/00 Effective Date 9-2-99
Supersedes
TN # 95-06 HCFA ID: 7982E